

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
Neville for Senate

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 12 / 13 / 2015	
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period \$ 0.59	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit Card/Merchant Fee		Category/ Type	
Candidate Name		Transaction ID : SB17.6128	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement MM / DD / YYYY 12 / 14 / 2015	
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period \$ 1.25	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit Card/Merchant Fee		Category/ Type	
Candidate Name		Transaction ID : SB17.6129	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Stripe		Date of Disbursement MM / DD / YYYY 12 / 15 / 2015	
Mailing Address 3180 18th Street		Amount of Each Disbursement this Period \$ 38.11	
City San Francisco	State CA	Zip Code 94110	<input type="checkbox"/> Memo Item
Purpose of Disbursement Credit Card/Merchant Fee		Category/ Type	
Candidate Name		Transaction ID : SB17.6137	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$ 39.95
TOTAL This Period (last page this line number only).....	

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